

Village of Gilman
P.O. Box 157
Gilman, WI 54433

PARK USE APPLICATION

Date _____

Name of Group or Individual _____

Person(s) responsible for event management _____

Person(s) phone number responsible for event _____

Person's name to be put on beer license (if applicable) _____

Proposed date(s) of use of the park _____

Type of event to be held _____

Put in each applicable blank the number of days you will use each:

_____ Beer building	_____ cooler	_____ Lights
_____ Food building	_____ pavilion	_____ Other

METER READING: Beginning Reading _____ Ending Reading _____

Name of person to be billed or refunded for park use _____
mailing address _____

Did you request and receive a listing of charges for the park? _____

Is this also to be considered an application for a beer license? _____

Please list below any unusual circumstances of this event if applicable:

Signature of person applying _____

(For Village Use Only)

Application accepted date _____ granted _____ denied _____ deposit paid _____

beer lic. # _____ amount billed after use _____ treas. rac. # _____